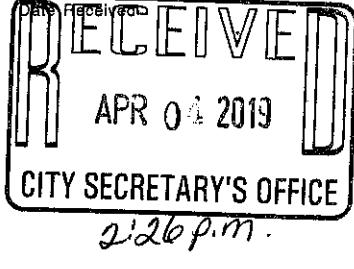


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) -	2 Total pages filed: 2		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jon	MI	OFFICE USE ONLY 		
	NICKNAME	LAST	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5808 Bettinger Drive Colleyville TX 76034			Date Received		
<input type="checkbox"/> Change of Address				APR 04 2019		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 721 - 6061	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Kathryn	MI	Receipt #		
	NICKNAME	LAST	SUFFIX	Amount \$		
	Katie Krause			Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4301 Brookhollow Dr Colleyville, TX 76034					
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 709 - 8964	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 1 /	Day 1 /	Year 19	Month 3 /	Day 25 /	Year 19
11 ELECTION	ELECTION DATE Month 5 / Day 4 / Year 19	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Colleyville City Council, Place 1				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Jon Bullock

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

Additional Pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 3,480.00

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,480.00

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 0

4. **TOTAL POLITICAL EXPENDITURES**

\$ 1,370.84

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

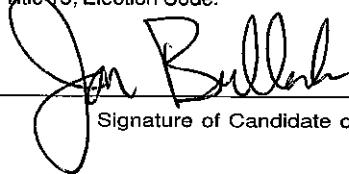
\$ 2,103.16

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jon Bullock, this the 4th  
day of April, 20 19, to certify which, witness my hand and seal of office.

Christine Loven

Signature of officer administering oath

Christine Loven

Printed name of officer administering oath

Notary

Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 1 of 6</p>
<p>2 FILER NAME Jon Bullock</p>			<p>3 Filer ID (Ethics Commission Filers) —</p>
<p>4 Date 2/21/19</p>	<p>5 Full name of contributor Jon Bullock</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: .....)</p>	<p>7 Amount of contribution (\$) \$30.00</p>
	<p>6 Contributor address; 5808 Bettinger Dr Colleyville TX 76034</p>		
<p>8 Principal occupation / Job title (See Instructions) IT Services / consultant</p>		<p>9 Employer (See Instructions) ICS Services</p>	
<p>Date 2/25/19</p>	<p>Full name of contributor Dane Mastagni</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: .....)</p>	<p>Amount of contribution (\$) \$ 250.00</p>
	<p>Contributor address; 4108 Pembroke Pkwy W Colleyville TX 76034</p>		
<p>Principal occupation / Job title (See Instructions) Consultant</p>		<p>Employer (See Instructions) Self employed</p>	
<p>Date 2/25/19</p>	<p>Full name of contributor Christy Spivey</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: .....)</p>	<p>Amount of contribution (\$) \$ 100.00</p>
	<p>Contributor address; 3907 Martin Pkwy Colleyville, TX 76034</p>		
<p>Principal occupation / Job title (See Instructions) Professor</p>		<p>Employer (See Instructions) UTA</p>	
<p>Date 2/25/19</p>	<p>Full name of contributor Melissa McConnell</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: .....)</p>	<p>Amount of contribution (\$) \$ 100.00</p>
	<p>Contributor address; 1717 Avondale Dr Colleyville, TX 76034</p>		
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) N/A</p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 6

2 FILER NAME

Jon Bullock

3 Filer ID (Ethics Commission Filer)

—

4 Date	5 Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
2/25/19	Tom Hart		\$ 100.00
	6 Contributor address;	City; State; Zip Code	
	1717 Avondale Dr		
	Colleyville, TX 76034		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Retired	N/A

Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/3/19	Martha Harrison		\$ 50.00
	Contributor address;	City; State; Zip Code	
	5604 Baybreeze Dr		
	Flower Mound, TX 75028		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Insurance Agent	Regent Insurance Group

Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/8/19	Louis Miller		\$ 250.00
	Contributor address;	City; State; Zip Code	
	6404 Talbot Trail		
	Colleyville, TX 76034		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	N/A

Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
3/16/19	Paul Valthonrat		\$ 50.00
	Contributor address;	City; State; Zip Code	
	6510 Connie Lane		
	Colleyville, TX 76034		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Landman	Herold Winkus Valthonrat LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 3 of 6</p>
<p>2 FILER NAME <i>Jon Bullock</i></p>			<p>3 Filer ID (Ethics Commission Filers) —</p>
<p>4 Date <i>3/27/19</i></p>	<p>5 Full name of contributor <i>Kathy Da</i></p> <p>6 Contributor address; 3404 Middleton Way Colleyville, TX 76034</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u>                  </u>)</p>	<p>7 Amount of contribution (\$) <i>\$ 100.00</i></p>
<p>8 Principal occupation / Job title (See Instructions) <i>Programmer</i></p>		<p>9 Employer (See Instructions) <i>Citigroup</i></p>	
<p>Date <i>3/1/19</i></p>	<p>Full name of contributor <i>Leslie A. Davis</i></p> <p>Contributor address; 161 Mill Valley Dr W Colleyville, TX 76034</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u>                  </u>)</p>	<p>Amount of contribution (\$) <i>\$ 500.00</i></p>
<p>Principal occupation / Job title (See Instructions) <i>Retired</i></p>		<p>Employer (See Instructions) <i>N/A</i></p>	
<p>Date <i>3/8/19</i></p>	<p>Full name of contributor <i>Roger Lee</i></p> <p>Contributor address; 4816 Carmel Place Colleyville, TX 76034</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u>                  </u>)</p>	<p>Amount of contribution (\$) <i>\$ 500.00</i></p>
<p>Principal occupation / Job title (See Instructions) <i>Retired</i></p>		<p>Employer (See Instructions) <i>N/A</i></p>	
<p>Date <i>3/1/19</i></p>	<p>Full name of contributor <i>Karl Meek</i></p> <p>Contributor address; 6204 Rock Dove Cir Colleyville, TX 76034</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u>                  </u>)</p>	<p>Amount of contribution (\$) <i>\$ 250.00</i></p>
<p>Principal occupation / Job title (See Instructions) <i>Retired</i></p>		<p>Employer (See Instructions) <i>N/A</i></p>	

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 4 of 6</p>
<p>2 FILER NAME <b>Jon Bullock</b></p>			<p>3 Filer ID (Ethics Commission Filers) —</p>
<p>4 Date <b>3/25/19</b></p>	<p>5 Full name of contributor <b>Conrad Heede</b></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u>                  </u>)</p>	<p>7 Amount of contribution (\$) <b>\$100</b></p>
	<p>6 Contributor address; 47008 Cabernet Circle Colleyville, TX 76034</p>		
<p>8 Principal occupation / Job title (See Instructions) <b>Retired</b></p>		<p>9 Employer (See Instructions) <b>N/A</b></p>	
<p>Date <b>3/25/19</b></p>	<p>Full name of contributor <b>James Makens</b></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u>                  </u>)</p>	<p>Amount of contribution (\$) <b>\$200</b></p>
	<p>Contributor address; 1312 Somerset Ct Colleyville, TX 76034</p>		
<p>Principal occupation / Job title (See Instructions) <b>N/A</b></p>		<p>Employer (See Instructions) <b>N/A</b></p>	
<p>Date <b>3/25/19</b></p>	<p>Full name of contributor <b>Gina Pederson</b></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u>                  </u>)</p>	<p>Amount of contribution (\$) <b>\$200</b></p>
	<p>Contributor address; 3001 Matterhorn Dr Bedford TX 76021</p>		
<p>Principal occupation / Job title (See Instructions) <b>N/A</b></p>		<p>Employer (See Instructions) <b>N/A</b></p>	
<p>Date <b>3/25/19</b></p>	<p>Full name of contributor <b>Stephen Webb</b></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:<u>                  </u>)</p>	<p>Amount of contribution (\$) <b>\$200</b></p>
	<p>Contributor address; 6402 Champion Way Colleyville, TX 76034</p>		
<p>Principal occupation / Job title (See Instructions) <b>N/A</b></p>		<p>Employer (See Instructions) <b>N/A</b></p>	

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 5 of 6</p>
<p>2 FILER NAME Jon Bullock</p>			<p>3 Filer ID (Ethics Commission Filers) —</p>
<p>4 Date 3/25/19</p>	<p>5 Full name of contributor ... Patricia Lewis</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: .....)</p>	<p>7 Amount of contribution (\$) \$ 100.00</p>
<p>6 Contributor address; 209 Oaklawn Dr Colleyville TX 76034</p>		<p>City; State; Zip Code</p>	
<p>8 Principal occupation / Job title (See Instructions) N/A</p>		<p>9 Employer (See Instructions) N/A</p>	
<p>Date 3/31/19</p>	<p>Full name of contributor ... Karen Deakin</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: .....)</p>	<p>Amount of contribution (\$) \$ 50.00</p>
<p>Contributor address; 4828 Lakeside Dr Colleyville TX 76034</p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) N/A</p>	
<p>Date 3/31/19</p>	<p>Full name of contributor ... Mic Deakin</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: .....)</p>	<p>Amount of contribution (\$) \$ 50.00</p>
<p>Contributor address; 4828 Lakeside Dr Colleyville TX 76034</p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 4/2/19</p>	<p>Full name of contributor ... Jim Fletcher</p>	<p><input type="checkbox"/> out-of-state PAC (ID#: .....)</p>	<p>Amount of contribution (\$) \$ 200.00</p>
<p>Contributor address; 1108 Nueces St Colleyville TX 76034</p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: 6 of 6</p>
<p>2 FILER NAME <i>Jon Bullock</i></p>		<p>3 Filer ID (Ethics Commission Filers) —</p>
<p>4 Date 4/2/19</p>	<p>5 Full name of contributor ..... Kay Allen</p> <p>6 Contributor address; 4308 Pembroke Pkwy N Colleyville TX 76034</p>	<p>□ out-of-state PAC (ID#: .....</p> <p>7 Amount of contribution (\$) \$150.00</p>
<p>8 Principal occupation / Job title (See Instructions) N/A</p>		<p>9 Employer (See Instructions) Allen Wealth Management</p>
<p>Date 4/2/19</p>	<p>Full name of contributor ..... Joe Allen</p> <p>Contributor address; 4308 Pembroke</p>	<p>□ out-of-state PAC (ID#: .....</p> <p>City; State; Zip Code .....</p> <p>Amount of contribution (\$) \$150.00</p>
<p>Principal occupation / Job title (See Instructions) N/A</p>		<p>Employer (See Instructions) Boulevard Animal Clinic</p>
<p>Date</p>	<p>Full name of contributor .....</p> <p>Contributor address; .....</p>	<p>□ out-of-state PAC (ID#: .....</p> <p>City; State; Zip Code .....</p> <p>Amount of contribution (\$)</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date</p>	<p>Full name of contributor .....</p> <p>Contributor address; .....</p>	<p>□ out-of-state PAC (ID#: .....</p> <p>City; State; Zip Code .....</p> <p>Amount of contribution (\$)</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 2	2 FILER NAME Jon Bullock	3 Filer ID (Ethics Commission Filers) —	
4 Date 3/18/19	5 Payee name NJ Graphic Design		
6 Amount (\$) \$993.74	7 Payee address; City; State; Zip Code 203 E Worth St Grapevine TX 76051		
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) campaign materials - advertising expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3/26/19	Payee name Home Depot		
Amount (\$) \$ 54.30	Payee address; City; State; Zip Code 6411 Precinct Line North Richland Hills, TX 76182		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Stakes for signs - advertising expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3/28/19	Payee name Campaign Short Cuts		
Amount (\$) \$ 259.80	Payee address; City; State; Zip Code 571 Austin Ct Coppell TX 75109		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Campaign software - consulting expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 2	2 FILER NAME Jon Bullock	3 Filer ID (Ethics Commission Filers) —
4 Date 3/27/19	5 Payee name efundraising connections, llc	
6 Amount (\$) \$ 69.00	7 Payee address; City; State; Zip Code 2831 G Street, Ste 120 Sacramento, CA 95816	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		